

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Don Reeder	<i>Don D Reeder</i>	Street: 5 Veblen City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/20/2011 (Month) (Day) (Year)
2. Elizabeth Chavez	<i>Elizabeth Chavez</i>	Street: 12 Coronado Ct. #1 City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/20/2011 (Month) (Day) (Year)
3. Sali Kulkarni	<i>Sali S Kulkarni</i>	Street: Segee Rd City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. STEVEN ORECK	<i>Steven Oreck</i>	Street: 6215 S. HIGHLAND AVE City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. James Miller	<i>James Miller</i>	Street: 2430 FOX AVE City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. Rachel Bennett	<i>Rachel Bennett</i>	Street: 528 Wingra St City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Teresa Burkeland	<i>Teresa Burkeland</i>	Street: 1110 Moorland Rd. #8 City: MADISON, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. PAUL SCHUBERT	<i>Paul Schubert</i>	Street: 2745 Fish Hatchery Rd #62 City: Fitchburg WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/17/2011 (Month) (Day) (Year)
9. GLENICE HALFMAN	<i>Glenice Halfman</i>	Street: 4709 Ames St City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
10. John N. Wozniak	<i>John N Wozniak</i>	Street: 113 CTAN City: Edgerton Zip: 53534	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Edgerton	11/17/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly Flanagan, (certify): I reside at 4603 Hammenley Ave Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Beverly Flanagan
(Signature of Circulator)

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Circulator

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SCOTT WALKER RECALL PETITION

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1. Pam Lee	<i>Pam Lee</i>	Street: 503 Allen St City: Cambridge Zip: 53523	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cambridge	11/17/2011 (Month) (Day) (Year)
2. Sherry Culhane	<i>Sherry Culhane</i>	Street: 352 W. Prairie St. City: Columbus, WI Zip: 53925	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Columbus	11/17/2011 (Month) (Day) (Year)
3. William G. Roberts	<i>William G. Roberts</i>	Street: 1429 STARR GRASS DR City: MADISON, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/17/2011 (Month) (Day) (Year)
4. Nancy Abraham	<i>Nancy Abraham</i>	Street: 701 Copeland St City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
5. Jaclyn Stouffer	<i>Jaclyn Stouffer</i>	Street: 309 Potter St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
6. Perry Hayes	<i>Perry Hayes</i>	Street: 3356 Glacier Ridge City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/17/2011 (Month) (Day) (Year)
7. Teresa Kraemer	<i>Teresa Kraemer</i>	Street: 4809 Steinhauer Trail City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
8. Linnea James	<i>Linnea James</i>	Street: 8301 Flagstone Dr 53719 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
9. Rose Stubbe	<i>Rose Stubbe</i>	Street: 6819 Donna Dr City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/17/2011 (Month) (Day) (Year)
10. James Stubbe	<i>James Stubbe</i>	Street: 6819 Donna Dr City: Middleton WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/17/2011 (Month) (Day) (Year)

Certification of Circulator

I, Beverly Flanigan, (certify): I reside at 4003 Hammersley Ave Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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(Month) (Day) (Year)

Beverly Flanigan
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. JOANNE SCHILLING	<i>Joanne M Schilling</i>	Street: 350 Russell St City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. TYSON KLIPSTEIN	<i>Tyson Klipstein</i>	Street: 517 Rethke Ave #1 City: Madison WI Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blount <i>Greene Grove</i>	11/15/2011 (Month) (Day) (Year)
3. Anne Walker	<i>Anne Walker</i>	Street: 1709 Winnabago St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. DEIDRI DEANE	<i>Deidri Deane</i>	Street: 922 W. Badger Rd #D City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Catherine Skults	<i>Cat Skults</i>	Street: 233 S. Fair Oaks Ave #3 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Susan Shaw	<i>Susan Shaw</i>	Street: 3213 Atwood Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Kathryn McConnell	<i>Kathryn McConnell</i>	Street: 4909 Camden Rd. City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Bruce Riddington	<i>Bruce Riddington</i>	Street: 1134 Vernon Ave City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. ANGELICA ENGEL	<i>Angelica Engel</i>	Street: 433 W GILMAN ST #2 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Micah Franker	<i>Micah Franker</i>	Street: 512 W. Wilson St #306 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, DAVID A HOPPE, (certify): I reside at 4207 Cambridge St MADISON city

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Catherine Charlton Print: Catherine Charlton Sign: Catherine Charlton	Street: 7502 Westward Way #112 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
2. Maureen Charlton Print: Maureen Charlton Sign: Maureen Charlton	Street: 2409 Myrtle City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
3. SONORA DALTON Print: SONORA DALTON Sign: Sonora Dalton	Street: 2002 GULSETH ST. 815 City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
4. Michelle Warren Print: Michelle Warren Sign: Michelle Warren	Street: 914 Fairmont Ave City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (
5. Carolyn Morgan Print: Carolyn Morgan Sign: Carolyn Morgan	Street: 48 Golf Course Rd City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (

Certification of Circulator

I, Brenda Swenson (certify): I reside at 2002 GULSETH ST MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

11 16 2011
(Month) (Day) (Year)

Brenda Swenson
(Signature of Circulator)

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2354

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Please include
Phone
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SCOTT WALKER RECALL PETITION

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1. <u>Richard Hestley</u> Print: <u>R. Hestley</u> Sign: <u>[Signature]</u>	Street: <u>1113 Williamson St APT 1</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>1011y</u> Phone: <u>(608)</u>
2. <u>Ingrid Rothe</u> Print: <u>Ingrid E. Rothe</u> Sign: <u>[Signature]</u>	Street: <u>300 N. Pinckney St.</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>
3. <u>JANE Sopko</u> Print: <u>Jane Sopko</u> Sign: <u>[Signature]</u>	Street: <u>4414 DAKOTA Dr.</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>
4. <u>Glen Barry</u> Print: <u>Glen Barry</u> Sign: <u>[Signature]</u>	Street: <u>202 N Thornton Ave #1</u> City: <u>Madison</u> Zip: <u>53708</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>
5. <u>Genessa Wilson</u> Print: <u>Genessa Wilson</u> Sign: <u>[Signature]</u>	Street: <u>5164 Linton DR #316</u> City: <u>Fitchburg</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>(22)</u> Phone: <u>()</u>

Certification of Circulator

I, Bernie Sernsa (certify): I reside at 2022 Gulsch St MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: <u>Heather Howard</u> Sign: <u>Heather Howard</u>	Street: <u>446 Marston Avenue</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>RANDY HACKBERT</u> Sign: <u>RHS</u>	Street: <u>446 MARSTON AVE</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Kristin Barrick</u> Sign: <u>Kristin Barrick</u>	Street: <u>4129 Mandrake Rd.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>406</u>
4. Print: <u>DAVID C. ARNDT</u> Sign: <u>David C. Arndt</u>	Street: <u>32 MAPLE HILL DR.</u> City: <u>MADISON</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Sarah Laneberg</u> Sign: <u>Sarah Laneberg</u>	Street: <u>825 S. Mills St</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Jane L. Andersen, (certify): I reside at 2118 E. Washington Ave Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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Committee
PO Box 256
Madison, WI

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:

Committee
PO Box 25
Madison, WI

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1. Print: <u>Jane L. Andersen</u> Sign: <u>[Signature]</u>	Street: <u>2118 E. Washington Ave</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>GERALDINE SHELHAMER</u> Sign: <u>Geraldine Shelhamer</u>	Street: <u>2992 Buckle Rd</u> City: <u>Sun Prairie WI</u> Zip: <u>53590</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Mya Rognstad</u> Sign: <u>Mya Rognstad</u>	Street: <u>8213 N. North Ct.</u> City: <u>Evansville</u> Zip: <u>53536</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Union</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>ELIZABETH SEVERSON</u> Sign: <u>Elizabeth Severson</u>	Street: <u>4255 MOHAWK DR</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Laura Dolski</u> Sign: <u>Laura Dolski</u>	Street: <u>594 Kelly Drive</u> City: <u>Bellville WI</u> Zip: <u>53508</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Montrose</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ladulski</u> Phone <u>(608)</u>

Certification of Circulator

I, Jane L. Andersen (certify): I reside at 2118 E. Washington Ave Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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Return by:

Committee
PO Box 25
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Matthew Dave</u> Sign: <u>[Signature]</u>	Street: <u>221 N. Brooks St.</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>Kathryn Sweet</u> Sign: <u>[Signature]</u>	Street: <u>602 S. Baldwin St.</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>CHERIE THIBODEAUX</u> Sign: <u>[Signature]</u>	Street: <u>2117 MUIR FIELD RD #1</u> City: <u>MADISON</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: <u>Cary Renata Hornik</u> Sign: <u>[Signature]</u>	Street: <u>1011 Emerald St. #3</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: <u>Aviva M. Cantor</u> Sign: <u>[Signature]</u>	Street: <u>21 N. Butler St #205</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, Jane L. Andersen, (certify): I reside at 2118 E. Washington Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2358

Circulators.
Please include your contact information.

Phone
(608) _____
Email
Yojane
A565

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTRACT
1. Jean Marie Kammer Print: <u>Jean Marie Kammer</u> Sign: <u>Jean Marie Kammer</u>	Street: <u>3405 Viburnum Drive</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Shorewood Hills</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jmk</u> Phone: <u>()</u>
2. Mary Diezel Print: <u>Mary Diezel</u> Sign: <u>Mary Diezel</u>	Street: <u>1671 Sandy Rock Rd.</u> City: <u>Hollandale</u> Zip: <u>53544</u>	<input checked="" type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> City <u>Moscow</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>(608)</u>
3. Amy Anderson Print: <u>Amy Anderson</u> Sign: <u>Amy Anderson</u>	Street: <u>4326 Waite Circle</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>
4. TRACY DRIER Print: <u>TRACY DRIER</u> Sign: <u>Tracy Drier</u>	Street: <u>4326 Waite Cir.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>
5. Shari Withman Print: <u>Shari Withman</u> Sign: <u>Shari Withman</u>	Street: <u>1415 E. Johnson St. #4</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>

Certification of Circulator

I, Jane L Andersen, (certify): I reside at 2118 E. Washington Ave Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators.

Please include your

Phone

608

Email

yojan

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GLORIA WILLIAMS	<i>Gloria Williams</i>	Street: 2833 COUNTRY DR City: SUN PRAIRIE Zip: 53590	<input checked="" type="checkbox"/> Town BRISTOL <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 17 / 2011 (Month) (Day) (Year)
2. Richard Kreyer	<i>Richard Kreyer</i>	Street: 46910 CH RD K City: Arlington Zip: 53111	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Arlington <input type="checkbox"/> City	11 / 17 / 2011 (Month) (Day) (Year)
3. Mariette Amundson	<i>Mariette Amundson</i>	Street: 1309 Vandenberg City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village SUN PRAIRIE <input type="checkbox"/> City	11 / 17 / 2011 (Month) (Day) (Year)
4. Sandra K Gilbertson	<i>Sandra K Gilbertson</i>	Street: 238 N Main City: Deerfield Zip: 53531	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Deerfield <input type="checkbox"/> City	11 / 17 / 2011 (Month) (Day) (Year)
5. Magdalynn O'Leary	<i>Magdalynn O'Leary</i>	Street: 1918 Wallingford Circle City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11 / 17 / 2011 (Month) (Day) (Year)
6. David Killertain	<i>David Killertain</i>	Street: 949 Derby dr City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11 / 17 / 2011 (Month) (Day) (Year)
7. Darlene Zastrow	<i>Darlene Zastrow</i>	Street: 2130 Wisconsin Ave City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11 / 16 / 2011 (Month) (Day) (Year)
8. James Jager	<i>James Jager</i>	Street: 812 Olympic ST City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11 / 17 / 2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)

Certification of Circulator

I, Sharon Mohr, (certify): I reside at 5011 Hagen Hill Circle Madison WI 53718
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Sharon Mohr
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Brandon Montford	<i>Brandon Montford</i>	Street: 1001 O'Keefe Ave Apt 140 City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email: brandonmontford@gmail.com Phone: (608) 785-1234
2. Joshua Attleson	<i>Joshua Attleson</i>	Street: W11969 2nd St. City: Randolph Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Randolph	11/17/2011 (Month) (Day) (Year)	Email: jattleson@gmail.com Phone: (608) 785-1234
3. Denise Hosking	<i>Denise Hosking</i>	Street: 678 North Main Street City: Fall River Zip: 53932	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fall River	11/17/2011 (Month) (Day) (Year)	Email: denisehosking@gmail.com Phone: (608) 785-1234
4. Jan Hansen	<i>Jan Hansen</i>	Street: 956 Hunters Tr City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email: janhansen@gmail.com Phone: (608) 785-1234
5. Denise Simmons	<i>Denise Simmons</i>	Street: 1558 Troy Dr #7 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)	Email: denisesimmons@gmail.com Phone: (608) 785-1234
6. Jodi Dushack	<i>Jodi Dushack</i>	Street: 1560 Windsor St City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email: jodidushack@gmail.com Phone: (608) 785-1234
7. Frederick A Schulte Jr	<i>Frederick A Schulte Jr</i>	Street: 413 Park Circle City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email: frederickschulte@gmail.com Phone: (608) 785-1234
8. Ryan Peterson	<i>Ryan Peterson</i>	Street: 851 O'Keefe Ave #52 City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email: ryanpeterson@gmail.com Phone: (608) 785-1234
9. Lynne Fish	<i>Lynne Fish</i>	Street: 865 Columbus St #3 City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email: lynnefish@gmail.com Phone: (608) 785-1234
10. Adam L. Warner	<i>Adam L. Warner</i>	Street: 981 Broadview Dr City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email: adamwarner@gmail.com Phone: (608) 785-1234

Certification of Circulator

I, Sharon Mohr, (certify): I reside at 6011 Wagon Hill Circle Madison WI 53718
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Sharon Mohr
(Signature of Circulator)

Page No. (Official Use Only)
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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Jennifer G. Vos	<i>Jennifer G. Vos</i>	Street: 859 Fox Run Court City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)	Email Phone
2. JEFFREY J ZACHER	<i>Jeffrey J Zacher</i>	Street: 760 KATHERINE DR. City: SUN PRAIRIE Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Priscilla Ruth MacDougall	<i>Priscilla Ruth MacDougall</i>	Street: 502 Engelhart Drive City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Sharon Mohr	<i>Sharon Mohr</i>	Street: 6011 Hagen Hill Cir City: Madison WI Zip: 53718	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burke	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Adam McIntire	<i>Adam McIntire</i>	Street: 405 ELLIOT ST City: PAREDEVILLE WI Zip: 53113	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PAREDEVILLE	11/17/2011 (Month) (Day) (Year)	Email Phone
6. TRAVIS CORREIA	<i>Travis Correia</i>	Street: 1845 Jackson ST City: SToughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/17/2011 (Month) (Day) (Year)	Email Phone
7. Jonathan McGee	<i>Jonathan McGee</i>	Street: 6753 Schroeder Rd. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)	Email Phone
8. Troy Bellinger	<i>Troy Bellinger</i>	Street: 1317 Miller RD City: MARSHALL Zip: 53559	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City York	11/17/2011 (Month) (Day) (Year)	Email Phone
9. Diane Stone	<i>Diane R Stone</i>	Street: 1959 Barrington Circle City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email Phone
10. Steve Hayford	<i>Steve Hayford</i>	Street: 1034 Huntington Dr City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

1. Sharon Mohr

(Name of Circulator)

, (certify): I reside at

6011 Hagen Hill Cir

(Circulator's Residence - Street name and Number)

Town of Burke
Madison WI 53718

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/17/2011
(Month) (Day) (Year)

Sharon Mohr

(Signature of Circulator)

Page No. (Official Use Only)

#2362



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Michael Dunn	<i>[Signature]</i>	Street: 5911 Red Oak Trail City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Courtney Sullivan	<i>[Signature]</i>	Street: 5625 Osborn Dr City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Connie Fedor	<i>[Signature]</i>	Street: 5809 Cedar Ct City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)	Email Phone
4. David Sutton	<i>[Signature]</i>	Street: 5703 Glarry St City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)	Email Phone
5. Alisha Nickolas	<i>[Signature]</i>	Street: 5316 Congress Ave. City: McFarland Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
6. Yousef AL ALI	<i>[Signature]</i>	Street: 2101 Prairie Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
7. MARY JO LARSON	<i>[Signature]</i>	Street: 2671 Scott Ln City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/16/2011 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Peggy Anderson, (certify): I reside at 5325 Marsh Rd Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2363



Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Connie Anderson 530 McCormick Ave. #14 Madison, WI 53704	[Signature]	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
2. Connie Anderson	[Signature]	Street: 530 McCormick Ave. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Jeanne Weihert	[Signature]	Street: 814 Mayfair Ave #3 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
4. Trisha Bauer	[Signature]	Street: 1201 North Pine Street City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/17/2011 (Month) (Day) (Year)
5. BRIAN W BAUDER	[Signature]	Street: 205 N. THOMPSON ST #4 City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/17/2011 (Month) (Day) (Year)
6. Diane Ryan	[Signature]	Street: 4406 Village Lane City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
7. TREVOR BANNISTER	[Signature]	Street: 2453 UPHAM ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/17/2011 (Month) (Day) (Year)
8. Lindsey Gulvik	[Signature]	Street: 1345 Ellenwood Dr. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
9. MANJULA DISSANAYAKE	[Signature]	Street: 3806 MISTY LN DEFOREST City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)
10. Sarah R. Cannon	[Signature]	Street: 3714 Brigham Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)

Certification of Circulator

I, Arthur Hackett (Name of Circulator) (certify): I reside at 522 McCormick Ave #14 (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011 (Month) (Day) (Year)

[Signature] (Signature of Circulator)

Page No. (Official Use Only)

2364

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Priscilla Agnello	<i>Priscilla Agnello</i>	Street: 701 Pinecrest dr. City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. SHARI Corey	<i>Shari Corey</i>	Street: 2940 Commercial City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Kimberly Mayne	<i>Kimberly Mayne</i>	Street: 2940 Commercial Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Aaron Howard	<i>Aaron Howard</i>	Street: 536 ALBOMA ST City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Shirley Whitehead	<i>Shirley Whitehead</i>	Street: 511 Algoma City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Karen Brey	<i>Karen Brey</i>	Street: 2813 Hoard City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. MARK FITZGERALD	<i>Mark Fitzgerald</i>	Street: 2813 HOARD ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. ELISABETH FOSTER	<i>Elisabeth Foster</i>	Street: 2805 HOARD ST. City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. JAMES P. FOSTER	<i>James P. Foster</i>	Street: 2805 HOARD ST City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. Todd Anderson	<i>Todd Anderson</i>	Street: 530 McCORMICK AVE City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Arthur Hackett (Name of Circulator), (certify): I reside at 522 McCormick Ave. (Circulator's Residence - Street name and Number) Madison 53704 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that the respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Cory Hetchler	<i>Cory Hetchler</i>	Street: 522 W Wilson St Apt 305 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Jennifer Angelandor	<i>Jennifer Angelandor</i>	Street: 1715 Erie Ct. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Sheila Ellis	<i>Sheila Ellis</i>	Street: 26 Summerview Ct #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. ANGELA REINDL	<i>Angela M. Reindl</i>	Street: 4906 MAJOR AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Jeanne ROWALD	<i>Jeanne Rowald</i>	Street: 1420 Frederick St City: Janesville Zip: 53548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Michele ROSAS	<i>michele Rosas</i>	Street: 1921 Schlimmer Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Lori Schneeberger	<i>Lori Schneeberger</i>	Street: 5417 Heather RD City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Rhonda Massey	<i>Rhonda Massey</i>	Street: 5313 Bauer Dr. City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Rona Bollig	<i>Rona Bollig</i>	Street: 232 Columbus St City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Jennifer Sherry	<i>Jennifer Sherry</i>	Street: 4718 School Rd City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Sheila Ellis, (certify): I reside at 26 Summerview Ct #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Sheila Ellis
(Signature of Circulator)

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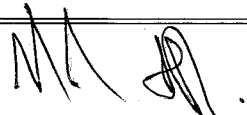
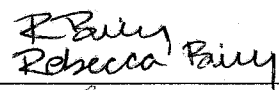
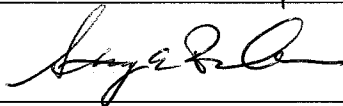
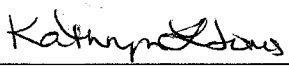



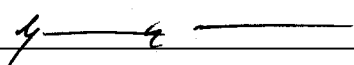
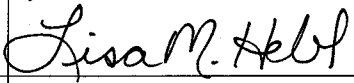
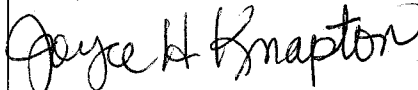
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MARK ALFRED		Street: 725 MOORLAND RD City: MADISON WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. REBECCA BIEBY		Street: 2071 MCKENNA BLVD City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Stacy E. Beckmann		Street: 2130 LaFollette Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Kathryn L. Jones		Street: 4705 Hoover St City: Brickland Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Dana Carpenter		Street: 941 Park St City: Oregon Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Katelyn Vennie		Street: 20 S. Broom St Apt #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Linda L. Langlois		Street: 2016 Adderbury Lane City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Christopher A Ellis		Street: 26 Summerview Ct Apt D City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Lisa M. Hebl		Street: W5073 Cowgill Rd City: Rio Zip: 53960	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
10. Joyce H. Knapton		Street: 316 Sleepy Hollow Ln. City: Marshall Zip: 53559	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Shirley Ellis, (certify): I reside at 26 Summerview Ct #D Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Angela M. Ghelfi	<i>Angie Ghelfi</i>	Street: 1309 Hawthorne Avenue City: Janesville WI Zip: 53545	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11 / 15 / 2011 (Month) (Day) (Year)
2. Mandata Bradley	<i>Mandata Bradley</i>	Street: 711 E. State Rd 59 City: Edgerton Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fulton	11 / 15 / 2011 (Month) (Day) (Year)
3. JULIE VERHALEN	<i>Julie Verhalen</i>	Street: 7 W. Englewood City: Milton WI Zip: 53563	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILTON	11 / 15 / 2011 (Month) (Day) (Year)
4. Jody Nevel	<i>Jody Nevel</i>	Street: 11120 N Ridge Rd City: Edgerton WI Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MILTON	11 / 15 / 2011 (Month) (Day) (Year)
5. Rebecca Rupnow	<i>Rebecca Rupnow</i>	Street: 621 W. Sunset Dr. #4 City: Milton, WI Zip: 53563	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milton	11 / 15 / 2011 (Month) (Day) (Year)
6. Catherine Sil	<i>Catherine Sil</i>	Street: 1503 E Rd 3 City: Edgerton Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milton	11 / 15 / 2011 (Month) (Day) (Year)
7. Susan McQuade	<i>Susan McQuade</i>	Street: 1415 Frederick St. City: Janesville, WI Zip: 53548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11 / 15 / 2011 (Month) (Day) (Year)
8. JEAN BUSKE	<i>Jean Buske</i>	Street: 3153 Clover Rd City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 2011 (Month) (Day) (Year)
9. James Nevel	<i>James Nevel</i>	Street: 11120 N. Ridge Road City: Edgerton WI. Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milton	11 / 16 / 2011 (Month) (Day) (Year)
10. JACOB NEVEL	<i>Jacob Nevel</i>	Street: 407 S. Ringwood St City: JANESVILLE Zip: 53545	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City JANESVILLE	11 / 16 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Shila Ellis, (certify): I reside at 26 Summerview Ct #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Shila Ellis
(Signature of Circulator)

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Circulator
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Diane Whitehead	<i>[Signature]</i>	Street: 501 W. Mohawk Tr City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. FRANK DENEKCH	<i>[Signature]</i>	Street: 4483 4th ST City: WILSON Zip: 53598	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village WILSON <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. Rory Johnson	<i>[Signature]</i>	Street: 420 W Lincoln ST City: DeForest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
4. Kim Renz	<i>[Signature]</i>	Street: 4545 Smith Rd. City: DeForest Zip: 53532	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Windsor <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
5. Elizabeth A. Sorge	<i>[Signature]</i>	Street: 5917 Riva Road City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Sarah Gorres, (certify): I reside at 301 Sunset Drive DeForest
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. PAT Schenck	<i>[Signature]</i>	Street: 414 Iroquois Ct City: DeForest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. Drew Biodrowski	<i>[Signature]</i>	Street: 217 Trailside Dr. City: DeForest, WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. Larry Arnold	<i>[Signature]</i>	Street: 638 E Cherry St City: Oconomowoc Zip: 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village Oconomowoc <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
4. STEPHAN MILLER	<i>[Signature]</i>	Street: 309 VALERIA DR City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
5. Lila Salzwedel	<i>[Signature]</i>	Street: 704 DeForest City: DeForest, WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
6. HEYMAN G Kellen	<i>[Signature]</i>	Street: 300 COLUMBIA City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
7. Joel Fertovich	<i>[Signature]</i>	Street: 7621 Conifer Ct. City: DeForest, WI Zip: 53532	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Windsor <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
8. Joan Mackrill	<i>[Signature]</i>	Street: 130 Sunny Meade Ln City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. KEITH MANKE	<i>[Signature]</i>	Street: 316 S. Cleveland City: DeForest WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
10. Jamey Stanosz	<i>[Signature]</i>	Street: 633 W. Mohawk Tr. City: DeForest Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Carol Gottinger, (certify): I reside at 6645 Scatteringood Ln #72 Windsor
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
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[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Marcos Banuelos	<i>Marcos Banuelos</i>	Street: 4620 Cty Hwy V City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. Anne Alexander	<i>Anne Alexander</i>	Street: 820 Clover Lane City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. Ryan Johnson	<i>Ryan Johnson</i>	Street: 209 E North St. City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
4. Mary D. Jacobson	<i>Mary D. Jacobson</i>	Street: 304 Scott Dr. City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
5. Erica E. Pray	<i>Erica Pray</i>	Street: 119 Carriage Way City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
6. Jennifer L Casper	<i>Jennifer L Casper</i>	Street: 809 Clover Lane City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
7. Anne E. Utz	<i>Anne E. Utz</i>	Street: 440 Union Street City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
8. Jean A. Brennan	<i>Jean A. Brennan</i>	Street: 6575 Chestnut Cir City: Windsor Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Windsor <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
9. Gail C. Wagner	<i>Gail C. Wagner</i>	Street: CA 117 417 S. Lexington PKwy City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Carol Gottinger, (certify): I reside at 6645 Scattergood Ln. #12 Windsor
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16 120/11
(Month) (Day) (Year)

Carol Gottinger
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Walter F. Block	<i>Walter F. Block</i>	Street: 426 Hillington Way City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. CHARLES LEVEQUE	<i>Charles Leveque</i>	Street: 4650 HILLCREST DR City: MIDDLETON Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MIDDLETON	11/16/2011 (Month) (Day) (Year)
3. Lois Leveque	<i>Lois Leveque</i>	Street: 4650 Hillcrest DR. City: middleton, WI Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City middleton	11/16/2011 (Month) (Day) (Year)
4. Neal Lord	<i>Neal Lord</i>	Street: 1518 Jefferson St City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Joanna Mandt	<i>Joanna Mandt</i>	Street: 3610 Nakoma Rd. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. BARBARA SANFORD	<i>Barbara Sanford</i>	Street: 1211 GARFIELD ST City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Matthew Mandt	<i>Matthew Mandt</i>	Street: 3610 NAKOMA RD City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. KARL NIBBELINK	<i>Karl Nibbelink</i>	Street: 801 Woodward Dr City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. CARRIE ROMANT	<i>Carrin Romant</i>	Street: 801 Woodward Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. PAULA HIRSCHBOECK	<i>Paula Hirschboeck</i>	Street: 501 S. Midvale Blvd #203 City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Douglas T. Green, (certify): I reside at 555 S. Midvale Blvd Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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2372

Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Shelly Gnewikow</u> Sign: <u>[Signature]</u>	Street: <u>472 Dahl Drive</u> City: <u>Deforest</u> Zip: <u>53532</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Deforest</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Shellyg</u> Phone: <u>(608)</u>
2. Print: <u>Hildegard Browning</u> Sign: <u>[Signature]</u>	Street: <u>9604 Lee Valley Rd</u> City: <u>Blanchardville</u> Zip: <u>53516</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Perry</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
3. Print: <u>Sandra Stogenwald</u> Sign: <u>[Signature]</u>	Street: <u>109 W. Kohler St.</u> City: <u>Sun Prairie WI</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> <u>Dane</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
4. Print: <u>Tade Robertson</u> Sign: <u>[Signature]</u>	Street: <u>3530 Johns St.</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
5. Print: <u>Michelle Paluy</u> Sign: <u>[Signature]</u>	Street: <u>957 Lawrence St</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Kevm</u> Phone: <u>()</u>

Certification of Circulator

I, Shelly Gnewikow (certify): I reside at 472 Dahl Drive
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Village of Deforest
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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2373

Circulators.
Please include your contact

Phone: (608)
Email: Shellyg

A6177-5

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Marybeth Wilk</u> Sign: <u>Marybeth Wilk</u>	Street: <u>29 N 7th St.</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
2. Print: <u>Erik Nielsen</u> Sign: <u>Erik Nielsen</u>	Street: <u>705 Diving Hawk Tr</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
3. Print: <u>Debra Vicana</u> Sign: <u>Debra Vicana</u>	Street: <u>185 Prairie GRASS</u> City: <u>OREGON</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>OREGON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone () ()
4. Print: <u>Judith Coats</u> Sign: <u>Judith Coats</u>	Street: <u>1229 Iowa Dr</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone () ()
5. Print: <u>LEA KUGO</u> Sign: <u>Lea Kugo</u>	Street: <u>70 Millard Ct.</u> City: <u>Evansville</u> Zip: <u>53536</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Evansville</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Shelly Gnewikow (certify): I reside at 472 Dahl Drive
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Village of Deforest
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators.
Please include your contact

Phone

(608) 2

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. RICHARD L. INTZEKOEFER	<i>Richard L. Intzekofer</i>	Street: 1934 LA SIERRA WAY City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Alex Nitke	<i>Alex Nitke</i>	Street: 1715 Blossom Lane City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Mike Rhodes	<i>Mike Rhodes</i>	Street: 1715 Blossom Ln #1 City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Toye Holmes	<i>Toye Holmes</i>	Street: 1715 Blossom Ln #2 City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
5. Crystal Gile	<i>Crystal Gile</i>	Street: 1715 Blossom Ln #3 City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Glen Murie	<i>Glen Murie</i>	Street: 1713 Blossom Ln #4 City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Ashley Carzo	<i>Ashley Carzo</i>	Street: 1709 Blossom Ln #2 City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. MICHAEL DENSON	<i>Michael Denson</i>	Street: 1709 Blossom Ln #3 City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. Brenda LaBonte	<i>Brenda LaBonte</i>	Street: 1709 Blossom Ln #8 City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Ross Braatz	<i>Ross Braatz</i>	Street: 1709 Blossom Ln #8 City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, RICHARD L. INTZEKOEFER, (certify): I reside at 1934 LA SIERRA WAY MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Richard L. Intzekofer
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. JACQUELINE SCHAFF	<i>[Signature]</i>	Street: 1717 Blossom Ln. Apt 1 st City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
2. Coruette Betts	<i>[Signature]</i>	Street: 1806 Lake Point Dr City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
3. Crystal Brantley	<i>[Signature]</i>	Street: 3522 Evan Acres Rd. Apt 26 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
4. Rhonda Hart	<i>[Signature]</i>	Street: 1721 Blossom Ln #3 City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
5. Rhonda Hart	<i>[Signature]</i>	Street: 1721 Blossom Ln #3 City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
6. Coruette Betts	<i>[Signature]</i>	Street: 1806 Lake Point Dr City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
7. Crystal Brantley	<i>[Signature]</i>	Street: 3522 Evan Acres Rd. Apt 26 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
8. Toy L McMillen	<i>[Signature]</i>	Street: 1705 Blossom Lane #8 City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
9. Jim Horne	<i>[Signature]</i>	Street: 1705 Blossom Lane #8 City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
10. Jason Sebelin	<i>[Signature]</i>	Street: 1705 Blossom Ln #2 City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		

Certification of Circulator

I, RICHARD L. INTEKOFER, (certify): I reside at 1934 LA SIERRA WAY MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
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(Signature of Circulator)

Page No. (Official Use Only)
2376

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>BARTOSZ SZKATULA</u> Print: <u>B. Szkatula</u> Sign: <u>[Signature]</u>	Street: <u>2120 ROSK ST. #3</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>BS</u> Phone: <u>(6)</u>
2. <u>Marshall Smith</u> Print: <u>M. Smith</u> Sign: <u>[Signature]</u>	Street: <u>3921 Harper Rd</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Ma</u> Phone: <u>(6)</u>
3. <u>Michelle Barber</u> Print: <u>Michelle Barber</u> Sign: <u>[Signature]</u>	Street: <u>2333 Heard #2</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>mic</u> Phone: <u>(6)</u>
4. <u>Rachel Groessel</u> Print: <u>Rachel Groessel</u> Sign: <u>[Signature]</u>	Street: <u>903 Chapel Hill Rd</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>rlg</u> Phone: <u>(6)</u>
5. <u>James McAllister</u> Print: <u>James McAllister</u> Sign: <u>[Signature]</u>	Street: <u>4102 Drexel Avenue</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>James</u> Phone: <u>(6)</u>

Certification of Circulator

I, Lance Wilde (Printed Name of Circulator) (certify): I reside at 4102 Drexel Ave (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 (Month) (Day) (Year)
Lance Wilde (Signature of Circulator)

Page No. (Official Use Only)
2377

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Circulators
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Phone

(608)

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Julie E. Moc Print: Julie E. Moc Sign: Julie E. Moc	Street: 610 HINTZE RD City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: Jm Phone: (608) 237-8111
2. Eric M. Johnson Print: Eric M. Johnson Sign: Eric M. Johnson	Street: 6415 Bridge Rd. #101 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: EMJ Phone: (608) 237-8111
3. Eric A. Smith Print: Eric A. Smith Sign: Eric A. Smith	Street: 214 Ohio Ave. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: er Phone: (608) 237-8111
4. Ernestine Davis Print: Ernestine Davis Sign: Ernestine Davis	Street: 1655 Wright St City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: ED Phone: (608) 237-8111
5. Travis B Cooper Print: Travis B Cooper Sign: Travis B Cooper	Street: 5576 Guilford Rd. City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fitchburg (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email: TBC Phone: (608) 237-8111

Certification of Circulator

I, Lance Wilde (certify): I reside at 4102 Prexel Ave Madison, WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 (LW) / 2011
(Month) (Day) (Year)

Lance Wilde
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>RICHARD WIRINGA</u> Sign: <u>[Signature]</u>	Street: <u>4800 ENCHANTED VALLEY RD</u> City: <u>MIDDLETON</u> Zip: <u>53562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SPRINGFIELD</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>rwirina</u> Phone: ()
2. Print: <u>Katherine Hutchison</u> Sign: <u>[Signature]</u>	Street: <u>7314 Vista Ct.</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Khu</u> Phone: ()
3. Print: <u>Susan Ahrens-Arendt</u> Sign: <u>[Signature]</u>	Street: <u>4714 Capitol View Rd</u> City: <u>Middleton, WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>SUSA</u> Phone: <u>(608)</u>
4. Print: <u>David W. Arendt</u> Sign: <u>[Signature]</u>	Street: <u>4714 Capitol View Rd</u> City: <u>Middleton, WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: ()
5. Print: <u>Sara W. Simpson</u> Sign: <u>[Signature]</u>	Street: <u>1329 W. High Point Rd</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Sara</u> Phone: <u>(608)</u>

Certification of Circulator

I, liz Dannenbaum, (certify): I reside at 4313 Major Avenue
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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Return
Commit
PO Box
Madison

Circulators.
Please include your
Phone
(608)
Email
liz.w

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Michael Crawford</u> Sign: <u>Michael Crawford</u>	Street: <u>716 Starlight CT</u> City: <u>COTTAGE GROVE</u> Zip: <u>53527</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>COTTAGE GROVE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>ALLAN KENT</u> Sign: <u>Allen Kent</u>	Street: <u>301 W. LAKEVIEW AVE.</u> City: <u>MADISON</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>JOHN A. WAYNE</u> Sign: <u>John A. Wayne</u>	Street: <u>4207 SAVANNAH CT.</u> City: <u>MIDDLETON</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MIDDLETON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Robert Lapack</u> Sign: <u>Robert Lapack</u>	Street: <u>W7828 Teeter Rd.</u> City: <u>POynette</u> Zip: <u>53955</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>POynette</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: <u>Lori Coonen</u> Sign: <u>Lori Coonen</u>	Street: <u>W9570 Henry ST</u> City: <u>Cambridge</u> Zip: <u>53523</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Mills</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, ALLAN KENT, (certify): I reside at 301 W. LAKEVIEW AVE. MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011 Allen Kent
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to
Committee
PO Box 2
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Jana G. Krajewski</u> Sign: <u>Jana G. Krajewski</u>	Street: <u>4208 Jerome St.</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
2. Print: <u>Shirley A. Dieckrich</u> Sign: <u>Shirley A. Dieckrich</u>	Street: <u>4210 Jerome St.</u> City: <u>MADISON WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>(608)</u>
3. Print: <u>Sonia M. Klein</u> Sign: <u>Sonia M. Klein</u>	Street: <u>205 E. Oak St.</u> City: <u>Lake Mills WI</u> Zip: <u>53551</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Lake Mills</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: <u>Aimee Hilsenhoff</u> Sign: <u>Aimee Hilsenhoff</u>	Street: <u>507 NORTHPORT DR #15</u> City: <u>MADISON WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>aimee</u> Phone: <u>(608)</u>
5. Print: <u>Desiree Hillard</u> Sign: <u>Desiree Hillard</u>	Street: <u>515 Northport dr #13</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____

I, Thomas G. Krajewski, (certify): I reside at 4208 Jerome St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its contents on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Thomas G. Krajewski
(Signature of Circulator)

Page No. (Official Use Only)
2381

Circulators
Please include your

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: Michelle Keene Sign: Michelle Keene	Street: 5607 MARSH RD City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland (Municipality Name)	11/14/2011 (Month) (Day) (Year)	Email: () Phone: (608) ()
2. Print: LYNDON MEYER Sign: Lyndon R Meyer	Street: 4484 MISSOURI RD City: MARSHALL WI Zip: 53559	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DEERFIELD (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: () Phone: (608) ()
3. Print: Lila Walters Sign: Lila Walters	Street: 1677 Nora Rd City: Cottage Grove Zip: 53527	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: () Phone: (608) ()
4. Print: Nancy L. Kowalewski Sign: Nancy Kowalewski	Street: 326 Hummingbird Lane City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: () Phone: (608) ()
5. Print: Tina Schlueter Sign: Tina Schlueter	Street: 114 W. Grant St., Apt. 2 City: POYNETTE WI Zip: 53955	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City POYNETTE (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: () Phone: (608) ()

I, Thomas G. Krajewski, (certify): I reside at 4208 Jerome St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content and the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 16, 2011
(Month) (Day) (Year)

Thomas G. Krajewski
(Signature of Circulator)

Page No. (Official Use Only)
2382

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Please include your

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. David Christenson	<i>David Christenson</i>	Street: 4312 Major Ave City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Michelle Christenson	<i>Michelle Christenson</i>	Street: 4312 MAJOR AVE City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. THOMAS MOSS	<i>Thomas Moss</i>	Street: 4310 Drexel City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. Janofasse	<i>Janofasse</i>	Street: 4310 Drexel City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Sully Borda	<i>Sully Borden</i>	Street: 4304 Drexel Ave City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
6. Clifford Borden	<i>Clifford Borden</i>	Street: 4304 Drexel Ave City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
7. VICKI L. ANDERSON	<i>Vicki L. Anderson</i>	Street: 2149 HERITAGE CT City: COTTAGE GROVE WI 53527	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City COTTAGE GROVE	11/16/2011 (Month) (Day) (Year)
8. SALLY R. YOUNG	<i>Sally R. Young</i>	Street: 4112 MAJOR AVE City: MADISON, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Heidi J. Meier	<i>Heidi Meier</i>	Street: 2307 SUPERIOR ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. Patrick Kirsop	<i>Patrick Kirsop</i>	Street: 1407 Lake Kegonsa Rd City: Stoughton Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rutland	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Donna S. Winter, (certify): I reside at 4313 MAJOR AVE MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Susan H Case Print: Susan H Case Sign:	Street: 157 Dunning St #2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
2. STEVEN COOK Print: STEVEN COOK Sign:	Street: 161 Dunning St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
3. VICTORIA MYINT Print: VICTORIA MYINT Sign:	Street: 161 Dunning ST City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
4. John H Pope Jr Print: John H Pope Jr Sign:	Street: 165 Dunning St #2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608
5. Scott Jones Print: Scott Jones Sign:	Street: 165 Dunning St #1 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608

I, Michael Hay Chapman, (certify): I reside at 126 Dunning Street
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 22.13(3)(a), Wis. Stats.

11/15/2011
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(Signature of Circulator)

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2384

Circulators

Please include your

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Noël Klapper</u> Sign: <u>Noël Klapper</u>	Street: <u>129 Dunning St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Heidi Skar</u> Sign: <u>Heidi Skar</u>	Street: <u>133 Dunning St.</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Gary Skar</u> Sign: <u>Gary Skar</u>	Street: <u>133 Dunning St.</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Erica Case</u> Sign: <u>Erica Case</u>	Street: <u>157 Dunning St, #1</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Richard H. Cresswell</u> Sign: <u>Richard H. Cresswell</u>	Street: <u>157 Dunning St #2</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()

I, Michael Hay-Chapman, (certify): I reside at 126 Dunning St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(5)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Michael Hay-Chapman
(Signature of Circulator)

Page No. (Official Use Only)
2385

Return to:
Committee
PO Box
Madison

Circulators:
Please include your name and address

Phone

(608)

Email

jm

A535

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Jacqueline Lazarik</u> Sign: <u>Jacqueline Lazarik</u>	Street: <u>7301 Branford Lane West</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Sandra R. Cole</u> Sign: <u>Sandra R. Cole</u>	Street: <u>3729 Zwerg Drive</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Donna Mahaney</u> Sign: <u>Donna Mahaney</u>	Street: <u>1401 Squire Ct</u> City: <u>Middleton WI</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Mari Zimmerman</u> Sign: <u>Mari Zimmerman</u>	Street: <u>5708 Tuscan Ln</u> City: <u>Wausaukee, WI</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wausaukee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Elizabeth Funk</u> Sign: <u>Elizabeth Funk</u>	Street: <u>1802 Hickory Dr.</u> City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone (

Michael Hay-Chapman (Printed Name of Circulator) Certification of Circulator I reside at 126 Dunning Street (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content and the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under SN 2.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Michael Hay-Chapman
(Signature of Circulator)

Page No. (Official Use Only)
2386

Circulators
Please include your

Phone

(608)

Email

jmh

A5352

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>WAYNE LENIUS</u> Sign: <u>Wayne Lenius</u>	Street: <u>173 Dunning St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Veronica Pickar</u> Sign: <u>Veronica Pickar</u>	Street: <u>137 Dunning St Apt 1</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Adam Wallenfang</u> Sign: <u>Adam Wallenfang</u>	Street: <u>727 E. Johnson St. Apt 3</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Sherry Drewsen</u> Sign: <u>Sherry Drewsen</u>	Street: <u>1119 Woodbridge Trail</u> City: <u>Waunakee, WI</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Waunakee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Mary Goonan</u> Sign: <u>Mary Goonan</u>	Street: <u>406 Belle Ave</u> City: <u>Belleville, WI</u> Zip: <u>53508</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Belleville</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()

I, Michael Hay-Chapman, (certify): I reside at 126 Dunning Street Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Michael Hay-Chapman
(Signature of Circulator)

Page No. (Official Use Only)
2387

Return to
Committee
PO Box
Madison

Circulators
Please include your name and address

Phone

(608) 2387

Email

john.hay@wisconsin.gov

A53

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kimberly A Moreland	<i>Kimberly A Moreland</i>	Street: 2692 Mica Rd City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
2. Robert C Moreland	<i>Robert C Moreland</i>	Street: 2692 Mica Rd City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/14/2011 (Month) (Day) (Year)
3. Natasha E Salinas	<i>Salinas</i>	Street: 4613 Maher Ave City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Ashok Bhargava	<i>Ashok Bhargava</i>	Street: 5631 Longford Terr, 102 City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
5. Grant W Petty	<i>Grant W Petty</i>	Street: 2911 Robin Ct City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
6. Kyle Nabilcy	<i>Kyle Nabilcy</i>	Street: 6937 Mill Bluff Dr. City: Madison, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. KRISTINE NABILCY	<i>Kristine X. Nabilcy</i>	Street: 6937 MILL BLUFF DRIVE City: MADISON, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. Hilary Rohrer	<i>Hilary Rohrer</i>	Street: 2227 WOOD RD City: Middleton WI Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
9. Deana A. Zoriko	<i>Deana A. Zoriko</i>	Street: 2648 Granite Road City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
10. Andrea Huberty	<i>Andrea Huberty</i>	Street: 2233 Luann Ln #4 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Stephen L Arnold, (certify): I reside at 2530 Targhee St Fitchburg
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Stephen L Arnold
(Signature of Circulator)

Page No. (Official Use Only)
2388



Circulator
Ph
En
5
A5

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Suzanne J. Chapin	<i>Suzanne J. Chapin</i>	Street: 2818 Commercial Ave. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
2. JASON CLAY	<i>Jason Clay</i>	Street: 1351 3rd St Apt 24 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
3. Tressa Mohamed	<i>Tressa Mohamed</i>	Street: 1140 Morraine View DR. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
4. Raymond Doyle	<i>Raymond Doyle</i>	Street: 558 Hillcrest DR City: Oregon Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oregon	11/17/2011 (Month) (Day) (Year)
5. Afshin Nassiri	<i>Afshin Nassiri</i>	Street: 8212 N. North St City: Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/17/2011 (Month) (Day) (Year)
6. Steve Waldron	<i>Steve Waldron</i>	Street: 435 Walnut City: Oregon Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oregon	11/17/2011 (Month) (Day) (Year)
7. Walter Kaeser	<i>Walter Kaeser</i>	Street: 6200 Roseawn Ave. City: Monong Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monong	11/17/2011 (Month) (Day) (Year)
8. Robert Marku	<i>Bob Marku</i>	Street: 2321 Padgett Parkway City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
9. Vanessa Davis	<i>Vanessa Davis</i>	Street: 1419 Lovern Dr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/17/2011 (Month) (Day) (Year)
10. Shannon Schrank	<i>Shannon Schrank</i>	Street: 419 Lovern Drive City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)

Certification of Circulator

I, Arlene S. Zaucha, (certify): I reside at 350 S. Hamilton St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Arlene S. Zaucha
(Signature of Circulator)

Page No. (Official Use Only)
2389

Circulator

Phone

Email

A5334

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Lisa Perry	<i>Lisa Perry</i>	Street: 1419 Loren Drive City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
2. DAN HANSON	<i>Dan Hanson</i>	Street: 4508 WINDIGO TRL City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
3. DANIEL I. CRAY	<i>Daniel I. Cray</i>	Street: 9 LYONS CIR City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/17/2011 (Month) (Day) (Year)
4. Dorothy Goldsworthy	<i>Dorothy Goldsworthy</i>	Street: 3206 Todd Dr. City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
5. KENDALL KLEY	<i>Kendall Kley</i>	Street: 1208 ELM ST 53115 City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
6. Angeline Kiley	<i>Angeline Kiley</i>	Street: 1208 Elm St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
7. Andrew J. Benson	<i>Andrew J. Benson</i>	Street: 3590 Breckenridge Ct, #23 City: Fitchburg Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/17/2011 (Month) (Day) (Year)
8. JACK GASNER	<i>Jack Gasner</i>	Street: 5507 Taylor Rd #1 City: McFarland Zip: 53538	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/17/2011 (Month) (Day) (Year)
9. PHYLLIS GASNER	<i>Phyllis Gasner</i>	Street: 5507 Taylor Rd #1 City: McFarland Zip: 53538	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/17/2011 (Month) (Day) (Year)
10. Tim Savolin	<i>Tim Savolin</i>	Street: 322 JEDDERSON ST City: Oregon Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OREGON	11/17/2011 (Month) (Day) (Year)

Certification of Circulator

I, Arlene S. Zaucha (Name of Circulator), (certify): I reside at 350 S. Hamilton St (Circulator's Residence - Street name and Number) Madison (Circulator's Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 20 11 (Month) (Day) (Year)

Arlene S. Zaucha (Signature of Circulator)

Page No. (Official Use Only)
2390

Circulator
Phone
Email

A53

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ALLEN W. CLARK	<i>Allen W. Clark</i>	Street: 2525 GREGORY ST City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. LISA Goldman	<i>Lisa Goldman</i>	Street: 2121 COMMONWEALTH AVE City: MADISON Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. BRUCE M. DAVEY	<i>Bruce M. Davey</i>	Street: 831 E. GORTAM ST City: MADISON, WIS Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. MERI ANNIN	<i>Meri Annin</i>	Street: 5005 Odana Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Wendy A. Fearnside Wendy A. Fearnside	<i>Wendy A. Fearnside</i>	Street: 912 Van Buren St. City: Madison Zip: WI 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Katherine A. Bowie	<i>Katherine A. Bowie</i>	Street: 4118 St. Clair St. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Judith Zukerman Kaufman	<i>Judith Zukerman Kaufman</i>	Street: 5 WAUPACA COURT City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Susan Schwaab	<i>Susan Schwaab</i>	Street: 725 Seneca Place City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Chimera R. Peet	<i>Chimera R. Peet</i>	Street: 3531 Gregory St City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
10. LONNY J. PEET	<i>Lonny J. Peet</i>	Street: 3531 GREGORY ST City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, MARTHA KAPLAN, (certify): I reside at 1410 Seminole Hwy MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 2011
(Month) (Day) (Year)

Martha Kaplan
(Signature of Circulator)

Page No. (Official Use Only)

2391



Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Timothy M. Donnelly	<i>Timothy M. Donnelly</i>	Street: 7224 Saukdale Dr City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
2. MILDRED SELL	<i>Mildred A. Sell</i>	Street: 710 Saukdale Way City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Denise Spangler	<i>Denise Spangler</i>	Street: 714 Saukdale Way City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. June Anderson	<i>June Anderson</i>	Street: 730 Saukdale Way City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Geraldine Martens	<i>Geraldine Martens</i>	Street: 734 Saukdale Way City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Grace Fonstad	<i>Grace M. Fonstad</i>	Street: 7222 Saukdale Dr City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. DOROTHY KRUEGER	<i>Dorothy Krueger</i>	Street: 7210 SAUKDALE DR City: MADISON WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Sylvia A. Lynch	<i>Sylvia Lynch</i>	Street: #13 Saukdale Dr City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Marion Bridge	<i>Marion Bridge</i>	Street: 22 Saukdale Dr City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. BARBARA MELCHERT	<i>Barbara Melchert</i>	Street: 7209 SAUKDALE DR. City: MADISON WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, MAYNARD A SCHNEIDER, (certify): I reside at 20 SAUKDALE TR MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Maynard A. Schneider
(Signature of Circulator)

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Circulator
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. HENRY LINDEMAN	[Signature]	Street: 1212 Williamson #2 City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. DANIEL ROSS	[Signature]	Street: 1143 E. JERUSALEM ST. #2 City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. TROY PICKL	[Signature]	Street: 212 S 1st City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
4. Veronica Szabo	[Signature]	Street: 3611 Portage Rd City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Heather Savall	[Signature]	Street: 121 E Washington St City: Payette Zip: 53955	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Payette	11/15/2011 (Month) (Day) (Year)
6. JOHANN T. HAIN	[Signature]	Street: 1917 E Dayton Pl City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. STEPHANIE PERKINS	[Signature]	Street: 1340 E. Wilson City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. RACHEL POTCHONG	[Signature]	Street: 290 N MALLARD DR City: SUN PRAIRIE Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. Erika Ellefson	[Signature]	Street: 1341 Morrison St #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Kyle Feldmann	[Signature]	Street: 1401 Williamson City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Tina Nelson, (certify): I reside at 426 W. Ingersoll #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 15, 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

23903

Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ralph Shively	<i>Ralph Shively</i>	Street: 134 Division St. City: Madison 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. David M. Munda	<i>David M. Munda</i>	Street: 827 E Johnson #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Earl Meier	<i>Earl Meier</i>	Street: 4905 Rath St City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. LINDA H.C. MEIER	<i>Linda H.C. Meier</i>	Street: 4905 RUTH ST City: MADISON Zip: 53716	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Graham Cody	<i>Graham Cody</i>	Street: 1252 Morrison Ct. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Richard Nellen	<i>Richard Nellen</i>	Street: 5110 Menitowoc City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Luke Skowron	<i>Luke Skowron</i>	Street: 4037 Monona Dr City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)
8. Charlotte Dietzman	<i>Charlotte Dietzman</i>	Street: 747 N. THOMPSON DR #103 City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. DAVID R. HARRISON	<i>David R. Harrison</i>	Street: 1833 WINCHESTER ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. NOAH Hodges	<i>Noah Hodges</i>	Street: 1306 Williamson City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Tina Nelson, (certify): I reside at 426 N. Ingersoll #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Tina Nelson
(Signature of Circulator)

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#2394

Circulator

Phone

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Glenn R. Smeaton</u> Sign: <u>Glenn R. Smeaton</u>	Street: <u>4467 L. bby Rd</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomings Grove</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Sm</u> Phone: <u>(608)</u>
2. Print: <u>Diane M. Smeaton</u> Sign: <u>Diane M. Smeaton</u>	Street: <u>4467 Libby Rd</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomings Grove</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Sm</u> Phone: <u>(608)</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

I, Glenn Smeaton, (certify): I reside at 4467 L. bby Rd
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

town Bloomings Grove
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Glenn Smeaton
(Signature of Circulator)

Page No. (Official Use Only)
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Return to:
Committee
PO Box
Madison

Circulators,
Please include your

Phone

(608)

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Commit
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Susan G. Levy</u> Sign: <u>Susan G. Levy</u>	Street: <u>962 Waban Hill</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>slevy</u> Phone <u>(608)</u>
2. Print: <u>Stephanie Scender</u> Sign: <u>[Signature]</u>	Street: <u>521 EUGENIA AVE</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>gbs</u> Phone <u>()</u>
3. Print: <u>Amanda Bass</u> Sign: <u>Amandal Bass</u>	Street: <u>112 Dale Dr.</u> City: <u>Lodi</u> Zip: <u>53555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lodi</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>man</u> Phone <u>()</u>
4. Print: <u>Michael Bass</u> Sign: <u>[Signature]</u>	Street: <u>112 Dale Dr</u> City: <u>Lodi</u> Zip: <u>53555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lodi</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>()</u> Phone <u>()</u>
5. Print: <u>GERRY BORIS</u> Sign: <u>Gerry Boris</u>	Street: <u>966 Waban Hill</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>()</u> Phone <u>()</u>

Certification of Circulator

I, Susan G. Levy, (certify) I reside at 962 Waban Hill Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Susan G. Levy
(Signature of Circulator)

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Circulators,
Please include your

Phone

(608)

Email

slevy

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JEFF BAILEY		Street: 2012 MERRILL AVE City: BELoit Zip: 53511	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BELoit	11/15/2011 (Month) (Day) (Year)
2. ANNA E. JOHNSON		Street: 2630 COMMERCIAL City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. NICHOLAS P. POLLIS		Street: 123 WEST WASH City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Linda Hanson		Street: 5924 Oak Hollow Dr. City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
5. Tristan Hancy		Street: 704 Cherrywood Ct #2 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jenna Vandevourt		Street: 205 Langdon St #113 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Grace Riedle		Street: 1923 Sherman Ave. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Taya Pedracine		Street: 1030 Sequoia Trail City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. James Wright		Street: 301 Clyde Gallagher City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
10. Steven P. Van Lankvelt		Street: W11902 Hwy V City: Lodi Zip: 53553	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City West Point	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Joanne Kanter, (certify): I reside at 2136 E Main St City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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2397



Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Joanne ^{JK} Kanter	<i>Joanne P. Kanter</i>	Street: 2136 E Main St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Taylor Bock	<i>Taylor Bock</i>	Street: 6913 Littlemore Dr. City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Jo Ellen Crinion	<i>joellen crinion</i>	Street: W2805 Pine Ridge Ct. City: Belleville, WI Zip: 53508	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Exeter	11/15/2011 (Month) (Day) (Year)
4. Donald Wm Johnson	<i>Donald Wm Johnson</i>	Street: 3002 NESSUNG ST City: MADISON, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Carlos Gonzales	<i>Carlos Gonzales</i>	Street: 2406 Independence Ln #204 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
6. KATH. BIRT	<i>KATH. BIRT</i>	Street: 2609 DUNWODDY DR. City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Tami Trevino	<i>Tami Trevino</i>	Street: 2359 Essex Drive City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
8. Carl Mumm	<i>Carl Mumm</i>	Street: 2021 Sherman Ave #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. JOHN BANUECOS	<i>JOHN BANUECOS</i>	Street: 4624 OAK ST. City: MORRISONVILLE WI Zip: 53571	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DEFOREST	11/15/2011 (Month) (Day) (Year)
10. CHRISTOPHER A JONES	<i>CHRISTOPHER A JONES</i>	Street: 4711 JENEXEN RD #103 City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Joanne Kanter, (certify): I reside at 2136 E Main St City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Joanne P. Kanter
(Signature of Circulator)

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2398



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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Linda Munott		Street: 1201 Erins City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Kimberly Strother		Street: 834 Terry Pl City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Elizabeth Ryan		Street: 505 Charles Lane City: Madison, WI Zip: 53711-1311	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Martha Doelp		Street: 619 Gilmore Street City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Kathy Cantwell Smith		Street: 4326 Critchell Tr City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Patrick Kuhl, (certify): I reside at 1639 Monroe Street Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
2399

Circulator

Phone

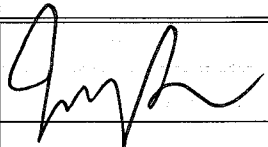


Email

A28

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

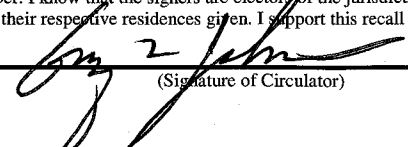
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jared Perez		Street: 6004 Schroeder Rd. City: Madison WI Zip: 53711	<input checked="" type="checkbox"/> Town Middleton <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
2. Mark D. Runkel	Mark D. Runkel	Street: 900 Stoney Hill Lane City: Cottage Grove WI Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11 / 15 / 2011 (Month) (Day) (Year)
3. Michael L. Stuve	Michael L. Stuve	Street: 115 Dahlen Circle City: Cambridge Zip: 53523	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cambridge	11 / 15 / 2011 (Month) (Day) (Year)
4. Barb Minor	Barbara A. Minor	Street: 811 Dellwood Circle City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11 / 15 / 2011 (Month) (Day) (Year)
5. GWEN AVANT		Street: 3641 PAUS ST. City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
6. Margaret Henderson		Street: 110 W. Gilman Apt 3 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. JULIE RITSCH	Julie Ritsch	Street: 4085 Terrace DR. City: La Crosse WI Zip: 54601	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SHELBURY	11 / 15 / 2011 (Month) (Day) (Year)
8. Alex Kalfayan	alex	Street: 169 Rodney Ct. Apt. #2 City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Marina Drake	Marina Drake	Street: 46 Dixon St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. FAYE ANALLA	Faye E Analla	Street: 5110 S. Hidden Dr 53221 City: Greenfield WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Gary L Johnson, (certify): I reside at 3010 Hamard Dr Madison Village of Shorewood Hills
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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